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Epi Notes

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South Carolina 2014 List of Reportable Conditions

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South Carolina Law (44-29-10) and Regulations (61-20) require reporting of specified contagious and infectious diseases and conditions to the local health department, “in the form and manner as prescribed by DHEC in regulations concerning infectious diseases. The reports must be made to the Bureau of Disease Control in the manner required in the regulations. When available, clinical information supporting the diagnoses, including results of specific diagnostic tests, must be included.”

In South Carolina, these diseases and conditions are specified in the List of Reportable Conditions, published annually. The list specifies which illnesses are reported, the timelines for reporting, and to where reports are to be made.

The list includes specified infectious diseases, as well as clusters and outbreaks of illness, unusual diseases,

events such as animal (mammal) bites, and findings suggestive of disease (e.g., hemolytic uremic syndrome.)



South Carolina Department of Health and Environmental Control

South Carolina 2014 List of Reportable Conditions

Attention: Health Care Facilities, Physicians, and Laboratories

South Carolina Law §44-29-10 and Regulation §61-20 require reporting of conditions on this list to the local public health department. South Carolina Law §44-53-1380 requires reporting by laboratories of all blood lead values in children under 6 years of age. HHPAA: Federal HHPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (HHPAA, 42 CFR §164.512)

(I) Immediately reportable by phone

(*) Urgently reportable within 24 hours by phone

All other conditions reportable within 3 days

REPORT ALL SUSPECTED AND CONFIRMED CASES (SEE “HOW TO REPORT” ON BACK)

- ☛ I Any outbreak or unusual disease (1) (5)
- ☛ I Any intentional biological, chemical, or radiological event
- ☛ * Animal (mammal) bites (8)
- ☛ I Anthrax (*Bacillus anthracis*) (5)
- ☛ * Babesiosis
- ☛ I Botulism (*Clostridium botulinum* or Botulinum toxin)
- ☛ * Brucellosis (5)
- ☛ * Campylobacteriosis (2)
- ☛ Chancroid (*Haemophilus ducreyi*)
- ☛ Chlamydia trachomatis, genital site
- ☛ Creutzfeldt-Jakob Disease (Age < 55 years only)
- ☛ Cryptosporidiosis
- ☛ Cyclosporiasis
- ☛ Dengue (*Flavivirus*) (5)
- ☛ Diphtheria (5)
- ☛ Eastern Equine Encephalitis (5)
- ☛ * E. coli, shiga toxin – producing (STEC), including E. coli O157:H7 (5)
- ☛ Ehrlichiosis / Anaplasmosis (*Ehrlichia* species / *Anaplasma phagocytophilum*)
- ☛ Giardiasis
- ☛ Gonorrhea (2)
- ☛ *Haemophilus influenzae*, all types, invasive disease (3) (5)
- ☛ Hantavirus
- ☛ Hemolytic uremic syndrome (HUS)
- ☛ Hepatitis (acute) A, B, C, D, & E
- ☛ Hepatitis (chronic) B, C, & D
- ☛ Hepatitis B surface antigen + with each pregnancy
- ☛ HIV and AIDS clinical diagnosis
- ☛ HIV CD4 test results (all results) (L)
- ☛ HIV subtype, genotype, and phenotype (L)
- ☛ HIV positive test results (detection and confirmatory tests)
- ☛ HIV viral load (all results) (L)
- ☛ HIV HLA-B5701 and co-receptor assay (L)
- ☛ Influenza A, avian or other novel
- ☛ Influenza associated deaths (all ages)
- ☛ Influenza
 - Lab-confirmed cases (culture, RT-PCR, DFA, IFA)
 - Lab-confirmed hospitalizations (7)
 - Positive rapid flu tests (7)
- ☛ Lead tests, all results
- ☛ Legionellosis (all positive tests) (5)
- ☛ Leprosy (Hansen’s Disease)
- ☛ Leptospirosis
- ☛ Listeriosis (5)
- ☛ Lyme disease (*Borrelia burgdorferi*)
- ☛ Lymphogranuloma venereum
- ☛ Malaria (*Plasmodium* species)
- ☛ Measles (Rubeola)
- ☛ Meningo-encephalitis, aseptic
- ☛ Meningococcal disease (3) (4) (5)
- ☛ Mumps
- ☛ Pertussis
- ☛ Plague (*Yersinia pestis*) (5)
- ☛ Poliomyelitis
- ☛ Psittacosis (*Chlamydia psittaci*)
- ☛ Q fever (*Coxiella burnetii*)
- ☛ Rabies (human)
- ☛ Rabies Post Exposure Prophylaxis (PEP) (when administered) (6)
- ☛ Rubella (includes congenital)
- ☛ Rocky Mountain Spotted Fever (Spotted Fever group)
- ☛ Salmonellosis (2) (5)
- ☛ Shigellosis (2) (5)
- ☛ Smallpox (Variola)
- ☛ *Staphylococcus aureus*, vancomycin-resistant or intermediate (VRS/VISA) (2) (5)
- ☛ *Streptococcus* group A, invasive disease (2) (3)
- ☛ *Streptococcus* group B, age < 30 days (2)
- ☛ *Streptococcus pneumoniae*, invasive (2) (3)
- ☛ St. Louis Encephalitis (5)
- ☛ Syphilis: congenital, primary, or secondary (lesion or rash)
- ☛ Syphilis: latent or tertiary, or positive serological test
- ☛ Tetanus
- ☛ Toxic Shock (specify staphylococcal or streptococcal)
- ☛ Trichinellosis (*T. spiralis*)
- ☛ Tuberculosis (5) (8)
- ☛ Tularemia (5)
- ☛ Typhoid fever (*Salmonella typhi*) (2) (5)
- ☛ Typhus, epidemic (*Rickettsia prowazekii*)
- ☛ Varicella
- ☛ Vibrio, all types, including *Vibrio cholerae* O1 and O139 (5)
- ☛ Viral Hemorrhagic Fevers (Ebola, Lassa, Marburg viruses)
- ☛ West Nile Virus (5)
- ☛ Yellow Fever (*Flavivirus*)
- ☛ Yersiniosis (not pestis)

¹ Potential agent of bioterrorism
(L) Only Labs required to report.
1. An outbreak is the occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time. Clinical specimens may be required.
2. Include drug susceptibility profile, if available.
3. Invasive disease = isolated from normally sterile site: blood, bone, CSF, joint, pericardial, peritoneal, or pleural fluid, protected bronchial sampling or from lung aspirate/ biopsy, necrotizing fasciitis, and cellulitis only if isolate is from a tissue biopsy. Always specify site of isolate.
4. Report Gram-negative diplococci in blood or CSF.
5. Labs are required to submit these isolates, positive serologies, or specimens to the DHEC Bureau of Laboratories for confirmatory testing or genotyping.
6. Rabies PEP guidance: www.scdhec.gov/department/eh/health/rabies/abuse-pep.htm. Consultation is available from the DHEC Regional Public Health Office.
7. Report aggregate totals weekly.
8. Report all cases of suspected and confirmed tuberculosis (TB). A suspect case of TB is a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have TB. Centers for Disease Control and Prevention case definition of confirmed cases: <http://www.cdc.gov/nndss/script/casedef/Default.aspx>

[Click here to view the 2014 List of Reportable Conditions PDF.](#)

Updates to the List of Reportable Conditions for 2014:

1. Hepatitis Reporting Clarified:

- All Acute Hepatitis cases (A, B, C, D, and E) are reportable within 24 hours.
- All Chronic Hepatitis cases (B, C, D) are reportable within 3 days.

2. Reporting site from which isolates were obtained and reporting drug susceptibility profile:

- This information, specified in Footnote (2), of the List of Reportable Conditions, is now requested for *Campylobacteriosis*; *Gonorrhea*; *Salmonellosis*; *Shigellosis*; *Staphylococcus aureus*; *Streptococcus* Group A; *Streptococcus* Group B; *Streptococcus Pneumoniae*; and *Typhoid Fever (Salmonella Typhi)*.
- Drug susceptibility profiles are requested, if available.

3. Aggregate Reporting for Some Influenza Cases:

- Weekly reporting of aggregate totals is requested for:
 - Lab-confirmed influenza hospitalizations, and
 - Positive rapid flu tests.
- Guidance for influenza reporting is updated each season and distributed via the South Carolina Health Alert Network.

4. Tuberculosis reporting:

A new footnote further explains the reporting requested for Tuberculosis, as well as which cases should be reported.

Report all cases of suspect and confirmed tuberculosis (TB). A suspect case of TB is a person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have TB. Centers for Disease Control and Prevention case definition of confirmed cases:

<http://www.cdc.gov/nndss/script/casedefDefault.aspx>.

Diseases do not have to be confirmed to be reported.

Public health actions to prevent further spread of disease may be necessary while confirmatory tests are pending.

Additional Updates to the Laboratory List of Reportable Conditions

5. Source of isolate and susceptibility profile requested for additional conditions.

Conditions for the site from which isolate was obtained and susceptibility profile are requested for *Campylobacter*; *Neisseria gonorrhoeae*; *Salmonella Typhi*; *Salmonella non-Typhi* species; *Shigella*; *Staphylococcus aureus*; *Streptococcus* Group A, invasive disease; *Streptococcus* Group B, age <90 days; *Streptococcus pneumoniae*, invasive, include antibiotic resistance patterns.

Reporting Guidance Updated

1. What to Report:

For all suspected and confirmed cases, report the following (bolded/underlined information is new or revised):

- Patient's name
- Patient's complete address, phone number, county, date of birth, race, sex, and last six digits of social security number
- Physician's name and phone number
- Name, institution, and phone number of person reporting
- Disease or condition
- Date of diagnosis
- Symptoms
- Date of onset of symptoms
- Lab results, specimen site, and collection date
- If female, pregnancy status
- Patient status (e.g., in child care, food handler, health care worker, day care worker, nursing home, prisoner/detainee, and/or travel in last four weeks.)

2. How to Report:

- **NEW:** Suspected and confirmed TB cases are now directly reportable to the TB Division by calling 803-898-0558.

3. Where to Report:

- As published earlier in the year via Epi Notes and DHEC Health Updates, the Public Health Regional Offices have updated phone and fax numbers, as well as updated county coverage areas. The updated information is found on page 4 of this issue of Epi Notes.
- Updated numbers for animal bite reporting are on page 5 of this issue.

2014 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

Disease reporting is required by SC Code of Laws Section 46-23-10, 46-23-100, 46-41-10, 46-44-140 and Regulation 61-23. See other rules for list of reportable diseases. Failure to file a reportable notification of potential health emergency without consent of the addressee, is public health violation for the purposes of government accountability, 46-23-100(c).

Disease/Condition (include stage, if appropriate): _____

Last Name: _____ First Name: _____ Middle Name: _____

Paternal ID or last six digits of SSN: _____ DOB: / /

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Preferred Contact Number: () _____ Home Cell Work

Sex: Male Female Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Race: Asian American Indian Black Pacific Islander White Unknown

Date of diagnosis: / / Hospitalized: Y N URG

Date of symptom onset: / / Emergency Room: Y N URG

Symptoms: _____ Date of Death: / /

For Rabies PEP: Yes No URG

Animal species: _____ Initial date of administration: / /

Discharge Date: _____

LABORATORY INFORMATION * Report all results in that hospital box below

Specimen Collection Date	Report Date	Lab Test Name (ie. Culture, IFA, IGM, PCR, Susceptibility)	Specimen Source (ie. Stool, Blood, CSF)	Result (ie. +/-, W/E)	Specimen Source

PATIENT STATUS: Y N URG

Jaundice: Yes No URG

Hepatitis A: Total anti-HAV Y N URG
IgM anti-HAV Y N URG

Hepatitis B: HBsAg Y N URG
anti-HBc Y N URG
IgM anti-HBc Y N URG

Hepatitis C: HCV RNA (PCR, ICMIA) Y N URG
anti-HCV Y N URG

REPORTER INFORMATION

Date reported to health department: / /

Reporting facility: _____

Reporter name: _____

Reporter telephone: () _____

Performing lab name: _____

Responsible physician name: _____

Physician phone: () _____

Comments: _____

Mail or Call Reports To: _____

DHEC 1129 (01/2014) Reporting required by attending physician/physician and laboratory receipt where applicable (U) reporting is indicated.

View this Form on Page 6 of this Newsletter.

2014 South Carolina Department of Health and Environmental Control Disease Reporting Form

After many years as an envelope-sized, cardstock disease reporting form, the DHEC 1129 form is now printable as a letter-sized form. This design allows significantly more information to be included in the initial disease report.

Among the additions to the form are:

- Space to document name of hospital, with admission and discharge dates.
- More complete information on pertinent laboratory tests, including collection and report dates, specimen sources, results and species/serotypes.
- Room to document special statuses that would affect patient care or public health response to the report of illness. These include in child care, food handler, health care worker, day care worker, nursing home or other chronic care facility, prisoner/detainee, outbreak related, travel in last four weeks, or other status the reporting provider believes would be valuable to the public health disease investigation.

- Note: Pregnancy status is reportable in a separate location on the card.
- The viral Hepatitis Test results section is expanded.
- There is considerably more room for inclusion of name of reporting lab or facility, reporter name and contact information, responsible physician name and contact information, and a comments area has been added.

These forms will be available from the DHEC website, as well as from the Public Health Regions. Most providers will receive 1129 forms that are pre-printed with the appropriate regional return address and contact numbers. These numbers correspond to those found on the List of Reportable Conditions.

Pre-printed versions of the 2014 DHEC Disease Reporting Form will have a condensed version of the List of Reportable Conditions and reporting instructions on the back of each form.

Links for Disease Reporting Information:

Reportable Diseases Page on DHEC website:

- www.scdhec.gov/health/disease/reportables.htm

- Contains numbers for daytime and after-hours disease reporting

PDF List of Reportable Conditions:

- www.scdhec.gov/administration/library/CR-009025.pdf

PDF Laboratory List of Reportable Conditions:

- www.scdhec.gov/administration/library/CR-009036.pdf

Questions?

For questions about disease reporting or to discuss electronic disease reporting via DHEC's electronic disease surveillance reporting system, call the DHEC Bureau of Disease Control in Columbia: 803-898-0861 (M-F 8:30 AM to 5 PM).

New Contact Numbers for Disease Reporting

In 2013, DHEC's Public Health services were reorganized into four public health regions: Lowcountry, Midlands, Pee Dee, and Upstate. Reports for notifiable diseases, outbreaks, or other epidemiology questions for DHEC's Outbreak Response Teams should be directed to the numbers below.

Lowcountry Public Health Region

Berkeley, Charleston, Dorchester

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 953-0043
Fax: (843) 953-0051
Nights / Weekends: (843) 441-1091

Beaufort, Colleton, Hampton, Jasper

219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 549-1516
Fax: (843) 549-6845
Nights / Weekends: (843) 441-1091

Allendale, Bamberg, Calhoun, Orangeburg

PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 268-5866
Fax: (843) 549-6845
Nights / Weekends: (843) 441-1091

Midlands Public Health Region

Kershaw, Lexington, Newberry, Richland

2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: 1-888-801-1046

Chester, Fairfield, Lancaster, York

PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: 1-888-801-1046

Aiken, Barnwell, Edgefield, Saluda

222 Beaufort Street, NE
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: 1-888-801-1046

Pee Dee Public Health Region

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion

145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 915-8845

Clarendon, Lee, Sumter

PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: (843) 915-8845

Georgetown, Horry, Williamsburg

1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 915-6502
Nights/Weekends: (843) 915-8845

Upstate Public Health Region

Anderson, Oconee

220 McGee Road
Anderson, SC 29625
Phone: (864) 260-5801
Fax: (864) 260-5623
Nights / Weekends: (866) 298-4442

Abbeville, Greenwood, Laurens, McCormick

1736 S. Main Street
Greenwood, SC 29646
Phone: (864) 227-5947
Fax: (864) 942-3690
Nights / Weekends: (866) 298-4442

Cherokee, Greenville, Pickens, Spartanburg, Union

PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 372-3133
Fax: (864) 282-4373
Nights / Weekends: (866) 298-4442

DHEC Bureau of Disease Control/ Division of Acute Disease Epidemiology

1751 Calhoun Street
PO Box 101106
Columbia, SC 29211
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902

Contact Information for Animal Bite Reports/Medical Consultation for Animal Bites

During working hours, animal bite reports should be made to the DHEC Environmental Health Services offices. Requests for medical consultations should be directed to the DHEC medical consultants. After working hours, the statewide toll-free answering service is available to appropriately direct calls for bite reports or medical consultations.

The contact numbers for the Bureau of Environmental Health Services offices and the Medical Consultants are provided below for each county during regular working hours and after hours. Please call for assistance in the county where the animal bite occurs.

DURING BUSINESS HOURS			
County of Occurrence	Animal Bite Reports		Medical Consultation for Rabies PEP
	Phone	Fax	
Abbeville	864-227-5915	864-942-3680	864-372-3269
Aiken	803-642-1637	803-643-4027	803-576-2900
Allendale	803-642-1637	803-643-4027	843-953-0038
Anderson	864-260-5585	864-222-3923	864-372-3269
Bamberg	803-533-5490	803-268-5784	843-953-0038
Barnwell	803-642-1637	803-643-4027	803-576-2900
Beaufort	843-846-1030	843-846-0604	843-953-0038
Berkeley	843-953-0150	843-953-0137	843-953-0038
Calhoun	803-533-5490	803-268-5784	843-953-0038
Charleston	843-953-0150	843-953-0137	843-953-0038
Cherokee	864-596-3327	864-596-3920	864-372-3269
Chester	803-285-7461	803-285-5594	803-576-2900
Chesterfield	843-661-4825	843-661-4858	843-661-4830
Clarendon	803-778-6548	803-934-2938	843-661-4830
Colleton	843-846-1030	843-846-0604	843-953-0038
Darlington	843-661-4825	843-661-4858	843-661-4830
Dillon	843-661-4825	843-661-4858	843-661-4830
Dorchester	843-953-0150	843-953-0137	843-953-0038
Edgefield	803-642-1637	803-643-4027	803-576-2900
Fairfield	803-896-0620	803-896-0617	803-576-2900
Florence	843-661-4825	843-661-4858	843-661-4830
Georgetown	843-915-8801	843-915-6503	843-661-4830
Greenville	864-372-3273	864-282-4371	864-372-3269
Greenwood	864-227-5915	864-942-3680	864-372-3269

County	Phone	Fax	Rabies PEP
Hampton	843-846-1030	843-846-0604	843-953-0038
Horry	843-915-8801	843-915-6503	843-661-4830
Jasper	843-846-1030	843-846-0604	843-953-0038
Kershaw	803-778-6548	803-934-2938	803-576-2900
Lancaster	803-285-7461	803-285-5594	803-576-2900
Laurens	864-227-5915	864-942-3680	864-372-3269
Lee	803-778-6548	803-934-2938	843-661-4830
Lexington	803-896-0620	803-896-0617	803-576-2900
Marion	843-661-4825	843-661-4858	843-661-4830
Marlboro	843-661-4825	843-661-4858	843-661-4830
Mccormick	864-227-5915	864-942-3680	864-372-3269
Newberry	803-896-0620	803-896-0617	803-576-2900
Oconee	864-638-4185	864-638-4186	864-372-3269
Orangeburg	803-533-5490	803-268-5784	843-953-0038
Pickens	864-372-3273	864-282-4371	864-372-3269
Richland	803-896-0620	803-896-0617	803-576-2900
Saluda	864-227-5915	864-942-3680	803-576-2900
Spartanburg	864-596-3327	864-596-3920	864-372-3269
Sumter	803-778-6548	803-934-2938	843-661-4830
Union	864-596-3327	864-596-3920	864-372-3269
Williamsburg	843-915-8801	843-915-6503	843-661-4830
York	803-285-7461	803-285-5594	803-576-2900

NIGHTS/WEEKENDS/HOLIDAYS

All after-hours/nights/weekends/holiday bite reports or requests for medical consultation should be called to
1-888-847-0902.

2014 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

Disease reporting is required by SC Code of Laws Section 44-29-10, 44-53-1380, 44-1-110, and 44-1-140 and Regulation 61-20. See other side for list of reportable diseases.
Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (45 CFR §164.512)

Disease/Condition (include stage, if appropriate): _____

Last Name _____ First Name _____ Middle Name _____

Patient ID or last six digits of SSN: _____ DOB: ____/____/____

Street Address _____

City _____ State _____ Zip _____ County _____

Preferred Contact Number () _____ - _____ Home Cell Work

<p>Ethnicity</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<p>Sex</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown If female, pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<p>Race</p> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	

Date of diagnosis/bite: ____/____/____

Date of symptom onset: ____/____/____

Symptoms: _____

	Y N UNK
Hospitalized	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emergency Room	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Died	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Date of Death: ____/____/____

Treated: Yes No Unk

Date: ____/____/____

Rx: _____

For Rabies PEP:

Animal species: _____

Initial date of administration: ____/____/____

If hospitalized, complete: Hospital Name _____ Admit Date _____ Discharge Date _____

LABORATORY INFORMATION

* Report Hepatitis in Viral Hepatitis box below

Specimen Collection Date	Report Date	Lab Test Name (ex. Culture, IFA, IGM, PCR, Susceptibility)	Specimen Source (ex. Stool, Blood, CSF)	Result (ex. +/-, titer)	Species/Serotype

PATIENT STATUS

Y | N | UNK

In childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food handler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing home or other chronic care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prisoner/detainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outbreak related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel in last 4 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***VIRAL HEPATITIS TEST RESULTS** Date Of test(s): ____/____/____

ALT _____ AST _____ Date: ____/____/____

Jaundice: Yes No Pos | Neg | UNK

Hepatitis A Total anti-HAV
 IgM anti-HAV

Hepatitis B HBsAg
 HBV NAT
 HBeAG
 IgM anti-HBc

Hepatitis C HCV RNA (PCR, bDNA)
 HCV (EIA)

anti-HCV signal to cut-off ratio _____

REPORTER INFORMATION

Date reported to health department: ____/____/____

Reporting lab/facility: _____

Reporter name: _____

Reporter telephone: () _____ - _____

Performing lab name: _____

Responsible physician name: _____

Physician phone: () _____ - _____

Comments:

Mail or Call Reports To:

2014 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

Report IMMEDIATELY By Phone		Report Within 24 Hours By Phone	
<p> Any outbreak or unusual disease (1) (5)</p> <p> Any intentional biological, chemical, or radiological event</p>	<p> Anthrax (<i>Bacillus anthracis</i>) (5)</p> <p> Botulism (<i>Clostridium botulinum</i> or Botulinum toxin)</p> <p>Influenza A, avian or other novel</p> <p>Measles (Rubeola)</p> <p>Meningococcal disease (3) (4) (5)</p> <p> Plague (5) (<i>Yersinia pestis</i>)</p> <p>Poliomyelitis, Paralytic and Nonparalytic</p> <p>Rabies, human</p> <p> Smallpox (Variola)</p> <p> Viral Hemorrhagic Fever (Ebola, Lassa, Marburg viruses)</p>	<p> Animal (mammal) bites (6)</p> <p> Brucellosis (5)</p> <p>Dengue (<i>Flavivirus</i>) (5)</p> <p>Diphtheria (5)</p> <p>Eastern Equine Encephalitis (5)</p> <p><i>E. coli</i>, shiga toxin-producing (STEC), including <i>E. coli</i> O157:H7 (5)</p> <p><i>Haemophilus influenzae</i>, all types, invasive disease (3) (5)</p> <p>Hantavirus</p> <p>Hemolytic uremic syndrome (HUS)</p> <p>Hepatitis (acute) A, B, C, D, & E</p> <p>Influenza associated deaths (all ages)</p> <p>LaCrosse Encephalitis (5)</p> <p>Mumps</p> <p>Pertussis</p>	<p> Q fever (<i>Coxiella burnetii</i>)</p> <p>Rubella (includes congenital)</p> <p><i>Staphylococcus aureus</i>, vancomycin-resistant or intermediate (VRS/AVISA) (2) (5)</p> <p>St. Louis Encephalitis (5)</p> <p>Syphilis, congenital, primary or secondary (lesion or rash)</p> <p>Trichinellosis (<i>T. spiralis</i>)</p> <p>Tuberculosis (5) (8)</p> <p> Tularemia (5)</p> <p>Typhoid fever (<i>Salmonella typhi</i>) (2) (5)</p> <p> Typhus, epidemic (<i>Rickettsia prowazekii</i>)</p> <p>Vibrio - all types, including <i>V. cholerae</i> O1 & O139 (5)</p> <p>West Nile Virus (5)</p> <p>Yellow Fever (<i>Flavivirus</i>)</p>
Report Within 3 Days			
<p>Babesiosis</p> <p>Campylobacteriosis (2)</p> <p>Chancroid</p> <p>Chlamydia trachomatis, genital site</p> <p>Creutzfeldt-Jakob Disease (Age < 55 years)</p> <p>Cryptosporidiosis</p> <p>Cyclosporiasis</p> <p>Ehrlichiosis / Anaplasmosis</p> <p>Giardiasis</p> <p>Gonorrhea (2)</p> <p>Hepatitis (chronic) B, C, & D</p> <p>Hepatitis B Surface Antigen+ w/each pregnancy</p>	<p>HIV and AIDS clinical diagnosis</p> <p>HIV CD4 test results (all results) (L)</p> <p>HIV subtype, genotype, and phenotype (L)</p> <p>HIV positive test results (detection and confirmatory tests)</p> <p>HIV viral load - all results (L)</p> <p>HLA-B5701 and co-receptor assay (L)</p> <p>Influenza</p> <ul style="list-style-type: none"> • Lab-confirmed cases (Culture, RT-PCR, DFA, IFA) • Lab confirmed hospitalizations (aggregate totals) (7) • Positive rapid flu tests (aggregate totals) (7) <p>Lead tests, all results</p>	<p>Legionellosis (all positive tests) (5)</p> <p>Leprosy (Hansen's Disease)</p> <p>Leptospirosis</p> <p>Listeriosis (5)</p> <p>Lyme disease</p> <p>Lymphogranuloma venereum</p> <p>Malaria</p> <p>Meningo-encephalitis, aseptic</p> <p> Psittacosis</p> <p>Rabies post-exposure prophylaxis (PEP) when administered (6)</p>	<p>Rocky Mountain Spotted Fever</p> <p>Salmonellosis (2) (5)</p> <p>Shigellosis (2) (5)</p> <p>Streptococcus group A, invasive disease (2) (3)</p> <p>Streptococcus group B, age < 90 days (2)</p> <p><i>Streptococcus pneumoniae</i>, invasive (2) (3)</p> <p>Syphilis, latent or tertiary or positive serologic test</p> <p>Tetanus</p> <p>Toxic Shock (specify staph. or strep.)</p> <p>Varicella</p> <p>Yersiniosis (<i>Yersinia</i>, not <i>pestis</i>)</p>
<p> Potential Agent of Bioterrorism (L) Only labs are required to report. For notes 1-8, see complete list of reportable diseases at: www.scdhec.gov/health/disease/reportables.htm.</p>			

How To Report
<p>Submit reports by one of the following methods:</p> <ol style="list-style-type: none"> 1. HIV, AIDS, and STDs (excluding Hepatitis): To report these conditions: call 1-800-277-0873; or submit electronically via DHEC's electronic reporting system (call 1-800-917-2093 to learn more); or submit a DHEC 1129 Disease Reporting Form or appropriate CDC Case Report Form in a confidential envelope to: Division of Surveillance & Technical Support, Mills/Jarrett Complex Box 101106, Columbia, SC 29211. 2. Tuberculosis: To report suspected and confirmed TB cases call the TB Division (803-898-0558). 3. Conditions Immediately Reportable or Reportable Within 24 hours; Call: <ul style="list-style-type: none"> • Monday through Friday, 8:30 AM – 5:00 PM: Call the regional public health office. See complete list for regional public health office numbers. • Nights, weekends, and holidays: Call the regional public health office night / weekend phone / pager number, or the statewide DHEC emergency contact number (1-888-847-0902). 4. Other Conditions Reportable Within 3 days by one of the following methods: <ul style="list-style-type: none"> • Submit an electronic report via DHEC's web-based reporting system. To learn more, call 1-800-917-2093, or • Complete the DHEC 1129 Disease Reporting Form and mail in an envelope marked confidential to the regional public health office in the county where the patient resides, or • Call the regional public health office in the county where the patient resides. <p>For daytime & after-hours phone numbers: http://www.scdhec.gov/health/disease/reportables.htm For after-hours reporting of immediately reportable conditions, call state answering service: 1-888-847-0902 For more information, call the DHEC Bureau of Disease Control in Columbia: 803-898-0861 (M-F 8:30 AM -5:00 PM)</p>



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- To subscribe to the Epi Notes for email delivery, send an email to DADE-OC@dhec.sc.gov with Epi Notes in the subject line.
- Epi Notes is also available from the DHEC Bureau of Disease Control's webpage: www.scdhec.gov/health/disease/

Contact the Bureau of Disease Control

Anita L. Brock, MPH, Director
803-898-0861

Bureau of Disease Control Divisions

Division of Acute Disease Epidemiology
803-898-0861

Division of Immunization and Prevention
1-800-277-4687

Division of STD/HIV
803-898-0749

Division of Surveillance and Technical Support
803-898-0749

Division of Tuberculosis Control
803-898-0558

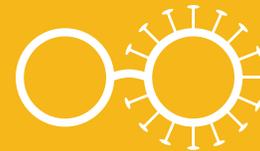
DHEC Bureau of Disease Control
1751 Calhoun Street
Columbia, SC 29201
www.scdhec.gov/health/disease/

If you are a health professional interested in receiving health notifications from the South Carolina Health Alert Network, please contact Shana Dorsey, HAN Coordinator at 803-898-0431 or email DADE-OC@dhec.sc.gov.

Disease Reporting

For immediately and urgently reportable conditions, call your local county health department. After hours, weekends or holidays, call 1-888-847-0902. Routine reports may be phoned in to your regional health department or mailed on a completed **2014 South Carolina Department Of Health And Environmental Control Disease Reporting Form (DHEC 1129.)** Health department numbers are listed on the Official List of Reportable Conditions.

For a copy of the current Official List of Reportable Conditions, call 803-898-0861 or visit www.scdhec.gov/health/disease/reportables.htm



FLU WATCH

Flu season has arrived. Be sure to check DHEC's weekly Flu Watch for updates on influenza activity in South Carolina.

- Click "Flu in SC" from DHEC's home page, or
- Bookmark DHEC's 2013-2014 Flu in South Carolina page in your browser:

www.scdhec.gov/flu/flu-activity-surveillance.htm

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